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MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS** 

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CARDEL CORTY CLERK MACOHEROURTY CLERK MT. CLERENS, MICHIGAN

## BALLOT QUESTION COMMITTEE

COVER PAGE	a march tight ON			
	FOR OFFICIAL USE ONLY			
teport must be legible, typed or printed in ink and signed y the treasurer or designated record keeper.	3.This Statement covers From: Mo	Zoo7 To 12 31 20c7 Day Year Mo Day Year		
Committee I.D. Number	4. Committee's Mailing Address			
138005	20307 Erben St.	: 48081		
2. Committee Name	5+. Clair Shores M	11 1000		
	Area Code and Phone (57) 615	45 45		
les For Lakeview Kids	Area Code and Phone (5% 615)  If the address in this box is different from the of Organization, mail may be sent to this address.	ess by the filing official.		
Treasurer's Name and Residential Address				
Roberta Parzynski	<b>.</b> .			
20309 Erben St. M. 440' St. Clair Shores M. 440'	4 I			
St. Clair Shore (5/G) 615-4593				
6. Treasurer's Business Address	7 Designated Record Keeper's Name and (If the committee has a Designated Re	Mailing Address cord Keeper)		
C-1-an St.	Tracy Huyghe			
20301 ET 62.				
St. Clair Shores Mi 49081		n 9 2		
Area Code and Phone 566 615 45 93	Area Code and Phone (30) 1997	055		
8. TYPE OF STATEMENT:	8c. ANNUAL STATEMENT	8e. DAMENDMENT TO CAMPAIGN STATEMENT		
6. 11FE 61 6771-1111	(Zes Coverage Year)	(Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)		
8a. PRE- ELECTION		indicate which Statement is being amended)		
OR	8d. QUALIFICATION			
8b. POST- ELECTION	OR	8f. DISSOLUTION OF COMMITTEE		
Pre-Election or Post-Election Statement relates to:	NON-QUALIFICATION STATEMENT	Effective Date of Dissolution		
	(Required of State-wide Ballot Question Committees Only)	Month Day Year		
☐ PRIMARY ☐ GENERAL	Committees	I I I I I I I I I I I I I I I I I I I		
SCHOOL SPECIAL		By checking this item, I certify that the committee has no assets or outstanding debts		
Date of Flackage	Date of Qualification or Non-Qualification:	including late filing fees. Note: The disposition		
Date of Election:	Date of Edgillering of the	committee has no assets of outstanding devia including late filing fees. Note: The disposition of residual funds must be reported on Schedu 4B and the Summary Page.		
- Month Day Year	Month Day Year			
A committee that does not have a Reporting Waiver must Schedules. Direct contributions, load if any of the information listed in items 4, 5, 6, or 7 has chamendment to the Statement of Organization should according to the filling deadline of a required campaign state	file all required Campaign Statements. The Can ins, expenditures and outstanding debts count ag anged since the Information was shown on the company this Campaign Statement. If a request to ement, that campaign statement can not be we	npaign Statements must include all applicable painst the \$1,000 Reporting Waiver threshold committee's Statement of Organization, an or a Reporting Waiver is not received on or alved.		
9. Verification: I certify that all reasonable diligence was using knowledge and belief the contents are true, accurate treasurer or Designated Record Keeper	rate and complete.  TWN5K / Signature	ched schedules (if any) and to the best of  Date 22509  Month Day		
Year	<u> </u>			
160				



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### SUMMARY PAGE BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138005
2. Committee Name YES FOR LAKEVIEW KIDS

RECEIPTS  3. Itemized Contributions(Schedule 4A, Column 6)  4. Other Receipts (Schedule 4A-1, Column 6)  5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	Column I This Period  (3.) \$ 1500.00  (4.) \$	Column II Curnulative for Election Cycle (18.) \$ (19.) \$
IN-KIND CONTRIBUTIONS  6. Itemized In-Kind Contributions	(6.) \$ 1500.00	(21) \$
EXPENDITURES	(0.)	(21.) \$
7. Expenditures	•	
a. Itemized Direct Expenditures ( Schedule 4B, Column 7)	(7a.) s 1276.69	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(7b.) \$	
<ul> <li>In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)</li> </ul>	(7c.) \$	'
d. Uniternized Expenditures (\$50.00 or less-no Schedule)	(7d.) \$	
8. Subtotal of Expenditures	(8) s 1276 69	(22.) \$
9, Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8 + Line 9)	(10,) \$ 1276.69	(24.) \$
IN-KIND EXPENDITURES		
11. Total in-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations a. Owed by the Committee (Schedule 4E)	(12a.)\$	
b. Owed to the Committee (Schedule 4E)	(12b.) \$	
BALANCE STATEMENT		
<ol> <li>Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> </ol>	(13.) \$	
<ol> <li>Amount received during reporting period (Line 5, Column I, Total Contributions &amp; Other Receipts)</li> </ol>	(14.)+ 1500	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>1500</u> . 00	
<ol> <li>Amount expended during reporting period (Line 10, Column I, Total Expenditures)</li> </ol>	(16.)- 1276.69	
17. ENDING BALANCE (Subtract line 16 from line 15)  1 your ending balance is negative, please recheck your math.	(17.)\$ 223.41	*



MICHIGAN DEPARTMENT OF STATE Bureau of Elections

## ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

1. Committee I.D. Number _	138005
2. Committee Name 165	FOR LAKEVIEW KIDS

BALLOT QUESTION COMMITTEE		
Please enter contributor=s name and address. If contribution is from an individual, enter last name, first name, middle initiel.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 4. Date of Receipt 10 166107	100.00	
Name: Wright a Hunter		
Address: 2126 Kristen DR. Troug MI 48084 5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address		
3. Contribution #2  4. Date of Receipt 10/16/07  12. Pharmacy Manacement Systems INC	20 '20	
Address: 2520 INDUSTRIAL ROW DR. Troy HI 44084  5. If over \$100.00 climulative, please provide:	g.•	
OccupationEmployer		
Business Address Fund Raiser		
Type of Contribution: Direct		
3. Contribution #3  4. Date of Receipt 10/18/07  Name: ROUMEII, Lange & Cholack PLC	250 "	
Name: KOUMEIT, Wide & Chorace		
Address: 314 Town Center.  TROY MI 48084  5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address Fund Raiser		
Type of Contribution: A Direct	+	
3. Contribution #4  4. Date of Receipt 10/23/07  Name: Professional Benefits Services Inc	100.00	
Address: 2959 Lucerne SE SUITE 205  Address: 2959 Lucerne SE SUITE 205  S. If over \$100.00 cumulative, please provide:		
Occupation Employer		
Business Address Fund Relser	,	
Type of Contribution: Direct Losn from a person Fund Relser  Page Subtotel)		
Grand Total of All Schedules 4A (Complete on last page of Schedule)		

Enter this total on line 3a of Summary Page



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MICHIGAN DEPARTMENT OF STATE. Bureau of Elections

# ITEMIZED CONTRIBUTIONS SCHEDULE 4A BALLOT QUESTION COMMITTEE

j	38005
1. Committee I.D. Number	
2. Committee Name YES FOL	LAKEVIEW KIDS

BALLOT QUESTION C	OMMAN		
Please enter contributor=s name and addres middle Initial.	s. If contribution is from an individual, enter last name, first name,	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	4. Date of Receipt 10/23/07  Heating & Cooling	\$200	
Address: PO BOX 391 FLINT F	11 48501		
Occupation	Employer		
Business Address	☐ Loan from a person ☐ Fund Raiser		
Турь от сельность	4. Date of Receipt 10 21107	100.00	
Name THE PFM 6 100 P	4. Dale of Receipt 10 12/101  Diver Parkwal Ste. 305  Pti 48108  Divide:  Employer	·	
5. If over \$100.00 chmulative, please pro	onige:	s.·	
Business Address	Loan from a person Fund Reiser		
Type of Contribution: Direct	4. Date of Receipt 10,23107	60	
3. Contribution # 3	4. Date of Receipt 10,45 10 t	300.	
Name: ENVIVO - C/Can			
Address: 2457 112th. At Address: 2457 112th. At 5. If over \$100.00 cumulative, please pr	V.E. 49424 ovide:		
Occupation	Employer		
n t a feldege			
Type of Contribution: Direct	Loan from a person Fund Raiser		
3, Contribution #4  Name 1 OCOL 1 PAC MIN	Loan from a person   Fund Raiser  4. Date of Receipt 10/21)07  Chigan Education Assoc.  Id Rd Suite B  N1 48038  rovide:  Employer	500.00	
Address: 38550 Garfel	id Rd Suite B	,	
5. If over \$100,00 cumulative, please p	rovide:		
Occupation	- Cimpleyor		
Business Address	☐ Loan from a parson ☐ Fund Raiser		
Type of Contribution: XX Direct	Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		
		Enter this tota on line 3a of Summary Page	ı



### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

	1. Committee I. D. Number 138005
SCHEDULE 4B	2. Committee Name 153 FOR LAKEVIEW KIDS
DALLOT OUTSTION COMMITTEE	1 a D to 1 2 Amount 18

SCHEDULE 49 2. Con	mittee Names B 1 1 0 1			-
BALLOT QUESTION COMMITTEE  3. Name and address of person to whom paid	State purpose of expenditure.     Identify the ballot proposal involved.     Indicate whether supported or opposed.	6, Date	7, Amount	8. Cumulative for election
III 4.4	4 Purpose:	12 101	135.04	
Expenditure # 1 Name Tracy Huyghe	Ribbons 9 Stumps	10/4/01	150	
Address: 21019 Alexander	5. Ballol Proposal: LAKEVIEW Bond			
SCS MI 48081				
Check box if expenditure is payment of debt or obligation reported on previous statement	County: Macomo			
	☐ Statewide ☐ Local			
Fund Raiser Expenditure # 2	4. Purposa:		67 42	
Name Paula Zerillo	Ribbons & Fillers	12/9/07	52.82	
Address: 27816 Manhatan	5. Ballot Proposal:			
SCS MI 48061	LAKELIEW BOND			
Check box if expenditure is payment of debt or obligation	County: Macay B			
reported on previous statement	Support Oppose			1
☐ Fund Raiser	Statewide			
Expenditure # 3	4, Purpose:	1010	562.00	
Name: CEP NEWS baper	Advertising	121410	702.	
Address: 13650 & 11 Mile Rd	5. Ballot Proposal:			
Warren MI 48089	Lakevier BOND			
☐ Check box if expenditure is payment of debt or obligation reported on previous statement	County: Macama			
Fund Raiser	B Support Oppose			
U Fully (79/80)	☐ Statewide ☐ Local	<del> </del>		<u> </u>
Expenditure # 4 Name: City of St. Clar Shorts	A. Purpose: Absentee Voter INfor.	io lo lo	1 61.70	
Address: 27600 JEFFERSON	5, Ballot Proposal:			
St. Clair Shores MI 48081	LakeviEN BOND			
Check box if expenditure is payment of debt or obligation	county: Macon B			
reported on previous statement	□ Support □ Oppose			
☐ Fund Raiser	☐Statewide ☐ Local			
C 1 610 Marcet	Subtotal this Grand Total of Scher			┥
	(Complete on last page of	Schedule)		
			Enter this total	
			on Line 8a of	

Enter this total on Line 8a of the Summary Page

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### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B

2. Committee I. D. Number

1. Committee I. D. Number

2. Committee Name S FOR LAKEWIEW KIDS

SCHEUULE 45 2. Com	Julitée Mawe T	1 47			
BALLOT QUESTION COMMITTEE	4. State purpose of e	expenditure.	6. Date	7. Amount	8. Cumulative
3. Name and address of person to whom paid	= Identify the hallot	proposal involved.			for election
	Indicate whether su	ported or opposed.			tal elocaen
	4, Purpose:	<del></del>		_	\ \ \
Expenditure # 1		l.c	11/28/07	465.13	1
Name: 15 SIIKSCYEERS	7-201L	ts	,,,-0,	, 00 , -	
Rd					1
Address: 18132 E. 10 MILE Rd	5. Ballot Proposal:	_	ļ		1
Address, I b I G G	Lakeure	N BUND			1
Eastpointe Mi 48021	La Ruote				1 1
Check box if expenditure is payment of debt or obligation	County: Mac	541B	}		
reported on previous statement	Support	□Оррозе	1		1
(Gholied ou biggions are seen	, , , -	• •			
☐ Fund Raiser	Statewide	Local	+		
Expenditure # 2	4. Purpose:				}
Name:			ļ		1
Name:				1	
Address:	5, Ballot Proposal:		h .		
	0, 22		1		]
Check box if expenditure is payment of debt or obligation			1	1	
reported on previous statement	County:		i	•	1
'	Support	🗋 Оррозе	1		1
☐ Fund Raiser	Statewide	☐ Local			
G, 5.1.4, 1	4. Purpose:				ţ
Expenditure # 3	4. Purpose.		)		1
Name :	1		1		1
	<del></del>		Į.		
	1			Ì	
Address:	5. Ballot Proposal:	:			
			1		
☐ Check box if expenditure is payment of debt or obligation					
Check box if experience of contract of con	County:	_	1		1
reported on previous statement		Oppose	.		1
1	☐ Support	·			l
☐ Fund Raiser	Statewide	Local			
	4. Purpose:			Ì	
Expenditure # 4				1	1
Name :				1	
	5. Ballot Proposa	10			
Address:	5. Dallot Frobose	1-			
				1	
☐ Check box If expenditure is payment of debt or obligation	County:				
reported on previous statement	Support	Oppose			
	* *	Local			
Fund Raiser	Statewide	Subtotal thi	s pade		
		Grand Total of Sche	dules 48		
		(Complete on last page of	f Schedule)	1276.69	[
		(Anti-			
			•	Enter this total	
				on Line 8# of the Summary	
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